Amended Statement Initial Appointment This is an (Check one) CANDIDATE (Please Type or Print) Name Street County h Zip Code City / Home Telephone 670-295-Business Telephone Office Sought District No. TREASURER Date Appointed 6-2-14 Name Ingram Address City Business Telephone Home Telephone 620-241-7220 OR CANDIDATE COMMITTEE Date Appointed Chairperson's Name Address Zip Code City Business Telephone Home Telephone Treasurer's Name Address Zip Code City Home Telephone Business Telephone **SIGNATURE** " I declare that this statement has been examined by me and to the best of my knowledge and belief is true, false document is a class A misdemeanor."

correct and complete. I understand that the intentional failure to file this document or intentionally filing a

(Signature of Candidate)

SEE REVERSE SIDE FOR INSTRUCTIONS

Governmental Ethics Commission

Rev.2000